



DEPARTMENT OF EARLY EDUCATION AND CARE

*Professional Qualification Certification
Chapter 74 Vocational and EEC Approved
High School Program Applicants Only*

*Contact EEC at
(617)988-6600
ask for the
Professional Qualification Unit or email
EEC at
EEC.ProfessionalDevelopmentCalendar@mass.gov*

*Early Education and Care
Application Revised: January 2019*

PROFESSIONAL QUALIFICATION CERTIFICATION APPLICATION PACKET FOR HIGH SCHOOL GRADUATE APPLICANTS ONLY

Introduction

Thank you for your interest in applying for an EEC professional qualifications certification. This application packet includes information to help you complete your application correctly. Please carefully review the information contained in this packet before you apply. Please note this application is specifically for **High School Students who have graduated from one of the Commonwealth of Massachusetts Chapter 74 Approved Vocational Technical Education and EEC Approved programs that offer Early Childhood Education**. Other MA High School graduates must complete the General Application. To ensure your high school is an approved program, please contact the EEC Professional Qualifications Unit.

What is EEC Professional Qualification Certification?

To work in a large group child care program as a Teacher, Lead Teacher or Director, you must be qualified.

Infant-Toddler Teacher

Preschool Teacher

Please see EEC regulation 606 CMR 7.09(18) Additional Requirements for large Group and School Age Child Care Programs Serving Children Younger Than School Age. For additional information, please visit <http://www.mass.gov/edu/birth-grade-12/early-education-and-care/licensing/licensing-resources-for-group-and-school-age-child-care-programs/licensing-regulations-for-group-and-school-age-child-care.html>

Who Can Apply?

High School Students graduating from a Chapter 74 and EEC approved programs must have completed two years of Child Development course work and over a total of 150 hours of classroom experience within an infant/toddler care and/or preschool EEC Licensed program.

**Please note that High school students applying for EEC certification will only qualify for Teacher Level certification in preschool and/or infant toddler. Additional experience and course work is required for other EEC Certification levels.*

How to Apply for Professional Qualification Certification

1. You must complete the EEC professional qualification certification application (see pages 4 & 5),
2. Submit it with the **required supporting documentation**:
 - a. Copy of high school diploma.
 - b. Official high school transcript that indicates minimum of two (2) years of Child Growth and Development.
 - c. Recommendation letter on school letterhead written by program director/instructor that indicates the following information:
 - i. total number of hours in classroom, age group, and recommendation for EEC Teacher certification.

Note: Applicants can, create a PQ Registry profile (which is required by regulation), however this **DOES NOT** certify you. EEC certification can only be obtained through the process defined in this application packet. Creating your individual profile on the PQ Registry **DOES NOT** certify an educator.

For Questions, contact EEC at:

Phone: (617)988-6600 (ask for the Professional Qualification Unit)

Email: EEC.ProfessionalDevelopmentCalendar@mass.gov

**Application for Professional Qualification Certification for *High School Graduates* the
Commonwealth of Massachusetts Chapter 74 and EEC Approved
Vocational Technical Education programs**

Please complete this entire application and attach all supporting documentation. Incomplete applications or those missing necessary documentation will be returned to you for resubmission with requested materials.

☐ This is my first application to EEC

Name: _____
First Name Middle Name Last Name

Maiden Name (if applicable): _____ Date of Birth: __/__/__
(DOB required)

Last four digits of your Social Security #: XXX-XX-____ Email: _____
(Last four digits of SSI# required)

Home Address: _____
Street Apt. #

City/Town State Zip Code

Home Phone: (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Mailing Address (if different from home address): _____
Street Apt. #

City/Town State Zip Code

Name of High School: _____

Name of the High School Early Education program instructor:

For Office use only:

Date Received:	Certified for: T(IT) T(PS) LT (IT) LT (PS) DI DII
Reviewed by:	Date Certificate Issued: Certificate #:
Reviewed Date:	Incomplete Letter Sent:

PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTATION

- ☐ Enclose an **official** high school transcript. *Copies cannot be accepted.*
- ☐ Attach copy of High School Diploma or G.E.D. if you are applying for teacher OR are under 21 years of age;
- ☐ Recommendation Letter from Early Childhood Education Teacher specifying the following information: 1. Number of hours in classroom; and 2. Age group.
- ☐ Enclose Application Form (signed and dated)
- ☐ Keep a copy of your complete application packet for your records.

NOTE: Only submit necessary documentation. Please do NOT send resumes, CORI forms, First Aid, CPR, or medical information.

I attest, to the best of my knowledge, that all information contained herein is true and accurate.

(Signature required)

Applicant Signature: _____

Date _____

Return Application to EEC:

Department of Early Education and Care
Professional Qualifications Unit
51 Sleeper St. 4th Floor
Boston, MA 02210